

Please type a plus sign (+) inside this box



PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)  
OR

Attorney Docket Number	PEL-2836 US
First Named Inventor	Marsot
<i>COMPLETE IF KNOWN</i>	
Application Number	10/574,242
Filing Date	03/29/2006
Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR AN IMPROVED SAMPLE CAPTURE DEVICE**

*(Title of the Invention)*

the specification of which

is attached hereto  
OR  
 was filed on (MM/DD/YYYY) 09/29/04 as United States Application Number or PCT International

Application Number PCT/US2004/032025 was amended on (MM/DD/YYYY) NA (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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COMMERCE

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U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
PCT/US2004/032025		09/29/2004			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 77845 <span style="float: right;">► Place Customer Number Bar Code Label here</span>					
OR					
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 77845 <span style="float: right;">OR <input type="checkbox"/> Correspondence address below</span>					
Name	Paul Davis				
Address	Goodwin Procter LLP				
Address	135 Commonwealth Drive				
City	Menlo Park	State	CA	ZIP	94025
Country	U.S.	Telephone	650-752-3100	Fax	650-853-1038
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any)		Family Name or Surname			
Travis		MARSOT			
Inventor's Signature				Date 3 MAY 06	
Residence: City	Mountain View	State	CA	Country	US
Post Office Address	361B Tyrella Avenue				
Post Office Address					
City	Mountain View	State	CA	ZIP	94043
X	Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:				

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>	
-------------	--	---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))  Paul		Family Name or Surname  LUM					
Inventor's Signature							
Date	2006 May 03						
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address	690 Templebar Way						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))  Don		Family Name or Surname  ALDEN					
Inventor's Signature							
Date	3 MAY 06						
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address	1312 Nelson Way						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))  James		Family Name or Surname  ROSS					
Inventor's Signature							
Date							
City	Livermore	State	CA	Country	US	Citizenship	US
Post Office Address	869 Lucerne Street						
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PTO/SB/02A (3-97)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u></b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)			Family Name or Surname					
Ron L.			Bardell					
Inventor's Signature							Date	
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US	
Post Office Address	4150 Alabama Ave. S							
Post Office Address								
City	Minneapolis	State	MN	ZIP	55416	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)			Family Name or Surname					
Bernhard			Weigl					
Inventor's Signature							Date	
City	Seattle	State	WA	Country	US	Citizenship	US	
Post Office Address	5530 Canfield Place N							
Post Office Address								
City	Seattle	State	WA	ZIP	98103	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)			Family Name or Surname					
Inventor's Signature							Date	
City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	PEL-2836 US
		First Named Inventor	Marsot
		COMPLETE IF KNOWN	
		Application Number	10/574,242
		Filing Date	03/29/2006
		Group Art Unit	Not Yet Assigned
		Examiner Name	Not yet assigned

As a below named Inventor, I hereby declare that:

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OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
		<input type="checkbox"/>

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U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
PCT/US2004/032025							
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 77845 → <span style="border: 1px solid black; padding: 2px;">Place Customer Number Bar Code Label here</span> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name		Registration Number			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label			77845	OR <input type="checkbox"/> Correspondence address below			
Name	Paul Davis						
Address	Goodwin Procter LLP						
Address	135 Commonwealth Drive						
City	Menlo Park	State	CA	ZIP	94025		
Country	US	Telephone	650-752-3100		Fax 650853-1038		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Travis			Marson				
Inventor's Signature					Date		
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

Please check the box if you are a minor.

PTO/SB/02A (3-07)

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u></b>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor						
First Name (first and middle (if any))		Family Name or Surname						
Paul		LUM						
Inventor's Signature							Date	
Residence	Los Altos	State	CA	Country	US	Citizenship	US	
Post Office Address	890 Templebar Way							
Post Office Address	City	Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor							
First Name (first and middle (if any))		Family Name or Surname						
Don		ALDEN						
Inventor's Signature							Date	
City	Sunnyvale	State	CA	Country	US	Citizenship	US	
Post Office Address	1312 Nelson Way							
Post Office Address	City	Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor							
First Name (first and middle (if any))		Family Name or Surname						
James		ROSS						
Inventor's Signature							Date <u>11 May '08</u>	
City	Livermore	State	CA	Country	US	Citizenship	US	
Post Office Address	869 Lucerne Street							
Post Office Address	City	Livermore	State	CA	ZIP	94551	Country	US

Standard Form 171, 12-90. This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual.  
Fees are not included. The amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:  
Customer Support Center, P.O. Box 1450, Washington, DC 20231.

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Ron L.			Bardell				
Inventor's Signature						Date	
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US
Post Office Address	4150 Alabama Ave. S						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55416	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Bernhard			Weigl				
Inventor's Signature						Date	
City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address	5530 Canfield Place N						
Post Office Address							
City	Seattle	State	WA	ZIP	98103	Country	US
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Given Name (first and middle (if any))			Family Name or Surname				
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Application Number	10/574,242
Filing Date	03/29/2006
Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PCT/US2004/032025		

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 77845 → Place Customer Number Bar Code Label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number 77845 OR  Correspondence address below

Name	Paul Davis					
Address	Goodwin Procter LLP					
Address	135 Commonwealth Drive					
City	Menlo Park	State	CA	ZIP	94025	
Country	US	Telephone	650-752-3100		Fax	650853-1038

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))			Family Name or Surname				
Travis			Marsot				
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Paul			Lum				
Inventor's Signature						Date	
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address	690 Templebar Way						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Don			Alden				
Inventor's Signature						Date	
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address	1312 Nelson Way						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
James			Ross				
Inventor's Signature						Date	
City	Livermore	State	CA	Country	UU	Citizenship	US
Post Office Address	869 Lucerne Street						
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US

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PTO/SB/02A (3-97)  
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor						
Given Name (first and middle (if any))		Family Name or Surname						
Ron L.		BARDELL						
Inventor's Signature	<i>Ron L. Barrell</i>						Date	5/10/2006
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US	
Post Office Address	4150 Alabama Ave. S							
Post Office Address								
City	Minneapolis	State	MN	ZIP	55416	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor						
Given Name (first and middle (if any))		Family Name or Surname						
Bernhard		WEIGLE						
Inventor's Signature							Date	
City	Seattle	State	WA	Country	US	Citizenship	US	
Post Office Address	3630 Canfield Place N							
Post Office Address								
City	Seattle	State	WA	ZIP	98103	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor						
Given Name (first and middle (if any))		Family Name or Surname						
Inventor's Signature							Date	
City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)  
OR

Attorney Docket Number	PEL-2836 US
First Named Inventor	Marsot
<i>COMPLETE IF KNOWN</i>	
Application Number	10/574,242
Filing Date	03/29/2006
Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR AN IMPROVED SAMPLE CAPTURE DEVICE**

*(Title of the Invention)*

the specification of which

is attached hereto  
OR

was filed on (MM/DD/YYYY) 09/29/04 as United States Application Number or PCT International

Application Number PCT/US2004/032025 was amended on (MM/DD/YYYY) NA (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/032025		

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 77845 → Place Customer Number Bar Code Label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number 77845 OR  Correspondence address below

Name	Paul Davis					
Address	Goodwin Procter LLP					
Address	135 Commonwealth Drive					
City	Menlo Park		State	CA	ZIP	94025
Country	US	Telephone	650-752-3100		Fax	650853-1038

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
Travis		Marson					

Inventor's Signature							Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US	
Post Office Address	361B Tyrella Avenue							
Post Office Address								
City	Mountain View	State	CA	ZIP	94043	Country	US	
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:								

Please Type a plus sign (+) inside this box →

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<b>DECLARATION</b>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Paul		Lum					
Inventor's Signature						Date	
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address	690 Templebar Way						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Don		Alden					
Inventor's Signature						Date	
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address	1312 Nelson Way						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
James		Ross					
Inventor's Signature						Date	
City	Livermore	State	CA	Country	UU	Citizenship	US
Post Office Address	869 Lucerne Street						
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle, if any)				Family Name or Surname			
Ron L.				BARDELL			
Inventor's Signature							Date
Residence: City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address	5530 Canfield Place N						
City	Seattle	State	WA	ZIP	98103	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle, if any)				Family Name or Surname			
Bernard Hans				WEIGL			
Inventor's Signature							Date <u>5-11-06</u>
City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address	5530 Canfield Place N						
City	Seattle	State	WA	ZIP	98103	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle, if any)				Family Name or Surname			
Inventor's Signature							Date
City		State		Country		Citizenship	
Post Office Address							
City		State		ZIP		Country	

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